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 <b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>				<b>I. IDENTIFICATION</b> 01 STATE <b>IL</b> 02 SITE NUMBER <b>D980704472</b>	
<b>II. SITE NAME AND LOCATION</b>					
01 SITE NAME (Legal, common, or descriptive name of site) <b>Heath &amp; Milligan Co.</b>			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <b>unknown</b>		
03 CITY <b>Chicago</b>		04 STATE <b>IL</b>	05 ZIP CODE	06 COUNTY <b>Cook</b>	07 COUNTY CODE <b>031</b>
09 COORDINATES LATITUDE		LONGITUDE			
10 DIRECTIONS TO SITE (Starting from nearest public road) <b>Unknown</b>					
<b>III. RESPONSIBLE PARTIES</b>					
01 OWNER (If known) <b>unknown</b>			02 STREET (Business, mailing, residential)		
03 CITY			04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER ( )
07 OPERATOR (If known and different from owner) <b>unknown</b>			08 STREET (Business, mailing, residential)		
09 CITY			10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input checked="" type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>					
01 ON SITE INSPECTION <input type="checkbox"/> YES   DATE ____/____/____ MONTH DAY YEAR <input type="checkbox"/> NO			BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input checked="" type="checkbox"/> C. UNKNOWN			03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED <b>Unknown</b>					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION <b>Unknown</b>					
<b>V. PRIORITY ASSESSMENT</b>					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
<b>VI. INFORMATION AVAILABLE FROM</b>					
01 CONTACT <b>Ken Bechely</b>		02 OF (Agency/Organization) <b>IEPA/FOS</b>		03 TELEPHONE NUMBER <b>(312) 345-9780</b>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <b>Eddy S. Lin</b>		05 AGENCY <b>IEPA</b>	06 ORGANIZATION <b>FOS</b>	07 TELEPHONE NUMBER <b>(312) 345-9780</b>	08 DATE <b>11/13/85</b> MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



328143





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL D 980704472

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_  
(Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_ )

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL D 980704622

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

There is no information available from the telephone book, City of Chicago, Cook County and Secretary of State and IEPA

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)